

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10/049429

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17		1				
18		2				
19		2				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28	1					
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41	1					
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49	1					
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	* (17) *		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53		1				
54	1					
55	1					
56	1					
57		3				
58	1					
59	1					
60	1					
61	1					
62	1					
63	1					
64	1					
65	1					
66		8				
67	1					
68	1					
69	1					
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76		1				
77		1				
78		5				
79		5				
80	1					
81	1	1				
82	1					
83		1				
84		1				
85		1				
86		1				
87	1					
88		1				
89		1				
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	22					
TOTAL DEP.		85				
TOTAL CLAIMS	108					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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